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CHAPTER 4. PROGRAM MONITORING

4.01 QUALITY ASSURANCE

a. A defined and functional QA (Quality Assurance) Program in all HBHC programs is mandatory. The process of monitoring, evaluating and problem solving is designed to help the HBHC program to appropriately utilize its resources to manage the quality of care it provides. The monitoring and evaluating activities are:

- (1) Ongoing, planned, systematic and comprehensive;
- (2) Designed so that data collection and evaluation are adequate to identify problems; and
- (3) Designed to utilize effective problem-solving activities.

b. Each HBHC Program will write an annual QA plan and an annual evaluation of the effectiveness of the QA Program. This plan should be part of the medical center's total QA Program.

4.02 UTILIZATION MANAGEMENT

a. Appropriate utilization of resources is essential to the management of any health care program. Utilization management is accomplished in part, by identifying those resources that are both required and available to support program goals and objectives. The first step in utilization review, therefore, is to have clearly defined program goals and objectives. Patients are assessed prior to admission to HBHC to determine whether or not they require and will use the available resources. Patients have on-going, periodic assessments to evaluate the need for continued care. When the patient has received maximum benefits from the program or a different level of care is needed, discharge plans are implemented.

b. Components of a utilization management program for HBHC include, but are not limited to the following:

- (1) Appropriateness of referrals to the program.
- (2) Appropriateness of admissions to the program.
- (3) Appropriateness of services rendered.
- (3) Appropriateness of continued stay.
- (4) Appropriateness of discharge from the program.

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c. In order to effectively implement an utilization management program within the HBHC program there are numerous databases which support and complement utilization management activities:

- (1) PTF (Patient Treatment File),
- (2) DHCP (Decentralized Hospital Computer Program),
- (3) HBHC Information System,
- (3) CDR (Cost Distribution Report), RCS 10-0141, and

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- (4) Patient's medical record.

d. Utilization reviews should be conducted periodically. These reviews should include quarterly medical record reviews to assure that the medical records reflect the care provided, the condition and progress of the patient and the condition of the patient at discharge. The results of such reviews should be analyzed, documented, trended, and used to monitor practices so that the quality and efficiency of care may be improved.

4.03 RISK MANAGEMENT

a. The principles of risk management for hospitals apply equally to risk management for HBHC programs. Effective risk management emphasizes improving quality of care as opposed to solely reducing patient and staff injuries.

b. The concept of risk management applied to home care is relatively new, focusing initially on establishing policy to provide high quality care and extending to improving the skills of staff in the home care setting, preventing patient and staff injuries, and dealing with occurrences and incidents in a unique, less controlled environment. The principles of hospital risk management are applied in a new, if not broader and developmental context.

c. Essential elements in a successful HBHC risk management program are:

- (1) Well-designed policies and procedures including a planned process for identifying high risk situations.

- (2) Systematic recruiting, credentialing, privileging and training of home care staff.

- (3) Training of patients and their families/caregivers in their home care responsibilities.

- (4) Reporting and managing of incidents/occurrences.

- (5) Analysis of incident/occurrence reports. This should be part of the ongoing staff training and patient/caregiver education to achieve a progressive reduction of incidents, and reduction of liability risks.

4.04 HBHC INFORMATION SYSTEM

a. The HBHC program utilizes a computer-assisted system to collect a common set of data about its patients. The information gathered on multiple carbon set forms is used in patient care and in local and national program management, evaluation and reporting. The forms used in this Information System are:

- (1) HBHC Evaluation/ Admission Form (VA Form 10-0014);

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(2) HBHC Discharge Form (VA Form 10-0014a);

(3) HBHC Visit Log (VA Form 10-0014b); and

(4) HBHC Correction Form (VA Form 10-0014c.)

It is important that all HBHC teams use the same definitions in completing the forms and instructions for the system are in the HBHC Information System Handbook.

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b. The information that is gathered is managed by the VA Data Processing Center in Austin, Texas. Monthly each program receives a listing of its admissions and discharges for the fiscal year to date. Quarterly, a number of reports are prepared for each program and for the HBHC program systemwide. Among these are compilations of patient characteristics, visits, diagnoses, disability levels and lengths of stay.

4.05 COST DISTRIBUTION REPORT, RCS 10-0141

HBHC reports costs under Account 5110 of the CDR (Cost Distribution Report), RCS 10-0141. Accurate and uniform input of data is required. The HBHC Program Director and the Chief, Fiscal Service are to work closely and collaboratively in the preparation of the data submitted. The responsibility for accurate distribution of costs is shared by Chief, Fiscal Service, other Service Chiefs and the HBHC Program Director. Instructions for preparation of the HBHC Account 5110 are included in the CDR handbook.

4.06 WORKLOAD STANDARDS

All HBHC programs are assigned a minimum workload by VA Central Office. An average daily patient census and a minimum number of monthly visits by the team are assigned according to the staffing of each HBHC team.

4.07 SCHEDULING

HBHC is an outpatient program and as such reports patient visits in the same manner as an outpatient clinic. Procedures for collecting and submitting data vary among medical centers and may be via completion of the Outpatient Routing and Statistical Record or by direct computer entry by clinical programs. A report for tracking outpatient visits and procedures is submitted monthly by each medical center's MAS (Medical Administration Service) to the VA Data Processing Center. All HBHC programs are responsible for coordinating with MAS and submitting data on outpatient visits according to individual medical center procedures.

4.08 RESEARCH and SURVEYS

a. HBHC is a setting which offers unique opportunities to study and evaluate health care and the delivery of services to a chronically ill patient population in their homes. All research studies must be approved through appropriate VA channels. The process involves seeking approval from the medical center's research committee and may require the approval of the human studies sub-committee of the affiliated university. At the smaller VA facilities that do not have a research committee, the Chief of Staff should be consulted. There are regional research committees that can be accessed.

b. Locally initiated surveys of activities by HBHC programs should be coordinated with the VA Office of Geriatrics and Extended Care.

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4.09 MISCELLANEOUS

In addition to the HBHC Information System and Cost Distribution Reports, mechanisms for record keeping must be maintained for MAS as well as various programmatic reports such as annual reviews (medical centers, Sections, Services), advisory committee meetings and management briefings. The content and form of reports may vary according to the local requirements of a particular medical center.

HBHC PATIENTS RIGHTS AND RESPONSIBILITIES

AS A PATIENT IN THE HBHC PROGRAM YOU HAVE THE RIGHT TO:

1. Be cared for with respect and kindness.
2. Be told about your health problems.
3. Be told how your health problems are usually treated.
4. Be told what you can expect from treatment.
5. Agree to your treatment.
6. Refuse any part of your treatment.
7. Be told what will happen to you if you refuse any treatment.
8. Privacy. No one except the Court can find out about your health programs unless you give written permission.
9. Refuse to take part in any research studies.
10. Complain if you feel your rights have been denied.
11. Be discharged from the HBHC program at any time you wish.

AS A PATIENT IN THE HBHC PROGRAM YOU HAVE THE RESPONSIBILITY TO:

1. Treat the HBHC team with courtesy and respect.
2. Ask questions about any part of your care that you do not understand.
3. Tell the HBHC Team about any changes in your condition or in how you feel.
4. Tell the HBHC Team about other health problems you have had in the past.
5. Tell the HBHC Team about all medicines and remedies you are using.
6. Follow the HBHC Team's instructions.
7. Let the HBHC Team know if you are having problems following any instructions.

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8. Let the HBHC Team know if you decide not to follow some of the Team's instructions.

Adapted from:

1. VA Form 10-7991a, July 1983. Welcome to your VA medical center Information Booklet on Patients Rights and Responsibilities.

2. The National Association for Home Care: Patient Rights & Responsibilities. Continuing Care, May 1987, page 17.

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DERECHOS Y RESPONSABILIDADES DE LOS PACIENTES EN EL
PROGRAMA DE CUIDADO MEDICO EN EL HOGAR (HBHC)

Como paciente en el Programa de Cuidado Medico en el Hogar (HBHC) Usted tiene derecho:

1. A que se le trate con respeto, cortesia y amabilidad.
2. A que sus problemas de salud se le expliquen de manera que Usted los puede entender.
3. A que se le diga cual es el tratamiento medico indicado.
4. A que se le expliquen los posibles resultados de ese tratamiento.
5. A dar su consentimiento para ese tratamiento.
6. A negarse a seguir el tratamiento o cualquier parte del tratamiento.
7. A que se le expliquen las consecuencias de no seguir el tratamiento medico indicado.
8. A privacidad. Nadie tiene derecho a obtener informacion sobre sus problemas de salud sin su permiso por escrito. Solamente la Corte puede ordenar al VA a dar informacion sobre los problemas de salud de los pacientes.
9. A negarse a tomar parte en una investigacion o estudio medico.
10. A quejarse si se le han negado sus derechos.
11. A ser dado de alta del Programa de Cuidado Medico en el Hogar (HBHC) si Usted lo desea.

Como paciente en el Programa de Cuidado Medico en el Hogar (HBHC) Usted tiene la responsabilidad:

1. De tratar al Equipo Medico de HBHC con cortesia y respeto.
2. De hacer preguntas sobre cualquier aspecto de su cuidado medico.
3. De decirle al Equipo Medico de HBHC si ha habido algun cambio en su estado de salud.
4. De decirle al Equipo Medico de HBHC cuales son sus problemas de salud, presentes y pasados.

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5. De hacerle saber al Equipo Medico de HBHC cuales medicinas o remedios caseros Usted toma y cuando los toma.
6. De seguir las instrucciones o recomendaciones del Equipo Medico de HBHC.
7. De decirle al Equipo Medico de HBHC si Usted tiene algun problema en entender o en seguir las instrucciones.
8. De expresar claramente sus deseos si Ud ha decidido no seguir las instrucciones del Equipo Medico de HBHC.

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REFERENCES

1. M-1, part I, chapter 30, Section II. HBHC (Hospital Based Home Care) addresses HBHC program policy.
2. M-1, part I, chapter 17, addresses policy for outpatient care, including outpatient eligibility.
3. M-1, part I, chapter 12, change 2, section III, addresses policy for contract nursing home placement of HBHC patients directly from their homes.
4. M-1, part I, chapter 5, addresses policy regarding HBHC medical records.
5. M-2, part I, chapter 30, change 81 addresses DNR (Do Not Resuscitate) protocols in VA medical centers.
6. M-2, Part IX, "Prosthetic and Sensory Aids Service," addresses policy for prosthetics and home medical equipment.
7. M-3, part I, chapter 3, change 1, addresses policy for research utilizing human subjects.
8. M-5, Part VII, "Extended Care Programs," chapter 1, addresses respite care policy.
9. 38 CFR Section 17.60 F(a), authorizes bereavement services.
10. 42 U.S.C. 1995 f(a)(b), provides the definition for the term "homebound" ("confined to his home").
11. 44 U.S.C. chapter 35, contains the authority and limitations of written surveys of the general public.
12. Manpower Policy for Primary Health Care: A Report of a Study. National Academy of Science, Washington, DC 1978. Defines the term "primary care."

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November 29, 1991

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-5, Part V
November 29, 1991

1. Transmitted is a new part to the Department of Veterans Affairs, Veterans Health Administration Manual M-5, "Geriatrics and Extended Care," Part V, "HBHC (Hospital Based Home Care)," chapters 1 through 4 and Appendices A and B.

2. Principal purposes are:

a. Chapter 1: HBHC (Hospital Based Home Care) Program. Cites statutory authority, provides key program definitions and specifies facility staff responsibilities.

b. Chapter 2: Policies and Procedures. Establishes facility standards to be met and describes the process of care.

c. Chapter 3: Patient Care Issues. Clarifies selected patient care issues.

d. Chapter 4: Program Monitoring. Describes elements of program monitoring.

e. Appendix A: HBHC Patient Rights and Responsibilities is an example of the information which must be included in document given to patient/caregiver.

f. Appendix B: Derechos y Responsabilidades de los pacientes en el Programa de Cuidado Medico en el Hogar (HBHC).

g. Appendix C: List of references.

3. Filing Instructions

Remove pages

Insert pages

1-i through 4-1
Appendix A-1 through C-1

Signed 11/29/91

James W. Holsinger, Jr., M.D.
Chief Medical Director

Distribution: RPC: 1151 is assigned

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APPENDIX C
FD

November 29, 1991

Printed: 12/91

November 29, 1991

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M-5, Part V
APPENDIX C

November 29, 1991

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-5, Part V
Change 1

November 3, 1992

1. Transmitted is a change to the Department of Veterans Affairs, Veterans Health Administration Manual M-5, "Geriatrics and Extended Care," Part V, "HBHC (Hospital Based Home Care)," Chapter 2, "Policies and Procedures," and Chapter 3, "Patient Care Issues."

2. Principal purpose of this change is to correct the part number from part VIII to part V to Chapter 2, "Policies and Procedures," and Chapter 3, "Patient Care Issues."

3. Filing Instructions

Remove pages

2-1 through 2-10
3-i through 3-3

Insert pages

2-1 through 2-10
3-i through 3-3

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Distribution: RPC: 1151
FD

Printed: 11/92